

**VERMONT CRIMINAL INFORMATION CENTER  
NATIONAL CHILD PROTECTION ACT (NCPA) PROGRAM  
FBI NATIONAL RECORD CHECK RELEASE FORM**

Qualified Entity					
Applicant	Last	First		Middle	
Maiden or Alias Names					
Social Security #	- -				
Place of Birth	City/Town	State		Country	
Date of Birth	Month	Day	Year		
Applicant's Telephone #	Include Area Code and Number - -				
<b>RELEASE</b>					
<p>I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center and the FBI. I understand that the results of that check will be made available to _____ for use in reviewing my suitability for _____. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, Vermont, 05671-1300.</p>					
Signature of Applicant				Date	
Identity verified by:				Date	
<b>NOTARY</b>					
<p>_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.</p>					
Printed Name of Notary				Notary Signature	
Commission Number				Commission Expires	